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## \*BIBDATASHEET\*

CONFIRMATION NO. 5071

Bib Data Sheet

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/036,918   | <b>FILING OR 371(c) DATE</b><br>12/21/2001<br><b>RULE</b>   | <b>CLASS</b><br>530<br>1324   | <b>GROUP ART UNIT</b><br>1653   | <b>ATTORNEY DOCKET NO.</b><br>717816.3 |
| <b>APPLICANTS</b><br>Ananthachari Srinivasan, St. Charles, MO;<br>Jack L. Erion, St. Charles, MO;<br>Michelle A. Schmidt, Belleville, IL;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of PCT/US00/17509 06/22/2000<br>which claims benefit of 60/140,913 06/24/1999<br>and claims benefit of 60/213,068 06/21/2000  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <i>above</i>  |   |                               |   |  |
| ** SMALL ENTITY **   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Abdel A Mohamed Ali</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MO | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>22              |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                               |   |  |
| <b>ADDRESS</b><br>27128  |   |                               |   |  |
| <b>TITLE</b><br>LABELED NEUROTENSIN DERIVATIVES  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>453  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |